

2014 Rate Guide for Health, Dental, Life, and Disability Insurance State Employee Group Insurance Program

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Instructions

Follow the directions below and use this Guide to find the health and dental insurance premiums for employees. The rate section lists the rate broken down, semi-monthly and monthly. In most cases you will want to know the semi-monthly rates. (IBU's note: We will bill you the monthly rate.)

Health Rates

1. Select the Bargaining Unit and Union Code and the appropriate Employment Condition for employee from the Health Coverages by Bargaining Unit chart.

What page number is indicated for that bargaining unit and employment condition?

2. Go to the letter/page indicated for that bargaining and employment condition. This will give you the exact rate for that employee.

Dental Rates

1. Select the Bargaining Unit and the appropriate Employment Condition for employee from the Dental Coverages by Bargaining Unit chart.

What page number is indicated for that bargaining unit and employment condition?

2. Go to the letter/page indicated for that bargaining and employment condition. This will give you the exact rate for that employee.

2014

This chart shows the Employer (ER) contribution by Bargaining Unit and (union code).

Health Coverages by Union Code (A) Dental Coverages by Union Code (B)

201 (LEA) Law Enforcement

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Insurance eligible - no ER contribution	A4	B4

Note: No part-time employer contribution

202 (AFS) Craft, Maintenance & Labor

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

203 (AFS) Service

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

204 (AFS) Health Care Non-Professional

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

205 (MNA) Nurses

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

206 (AFS) Clerical

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

207 (AFS) Technical

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

208 (AFS) Correctional Guards

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

209 (IFO) State University Faculty

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

210 (MSC) MN State College Faculty

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A3	B3
Insurance eligible - no ER contribution	A4	B4

211 (MSU) State University—Administrative and Service Faculty

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

212 (GEC) Minnesota Government Engineering Council

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

213 (UNR) Health Treatment Professional—Commissioner's Plan

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

214 (MAP) Minnesota Association of Professional Employees

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A3	B3
Insurance eligible - no ER contribution	A4	B4

215 (SRS) Professional State Residential Instructor

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

216 (MMA) Middle Management Association

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time - (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

217 (UNR) Commissioner's Plan

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

219 (UNR) Not in Unit—Severed MS179

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

220 (UNR) Excluded Managerial Plan

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

221 (UNR) Excluded—All other

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

222 (UNR) Agency Exclusive

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

223 (UNR) Unclassified

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

225 (AFS) Public Safety Radio Operator

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

300 (MTP) Public Defense Assistant Attorney

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

301 (MTP) Public Defense Support Staff

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

308 (UNR) Public Defense/Unrepresented Personnel

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

309 (UNR) Public Defense/Unrepresented Managers

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

330 (A65) Judicial – AFSCME 65 Clerical/Technical

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

331 (MTP) Judicial – Teamsters Clerical/Technical

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

332 (JCR) Courts – Teamsters 320/Court Reporters

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

334 (A14) Courts – Teamsters AFSCME Council 14

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

(Z01-Z27) IBU's

Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

Note: See plan covering employee for appropriate employer contribution for part-time employees.

2014 Health plan availability by county

The Minnesota Advantage Health Plan is available in all counties of Minnesota. However, the availability under each carrier may differ slightly. BlueCross BlueShield and HealthPartners offer the Advantage Plan in all counties of Minnesota. PreferredOne offers the Minnesota Advantage Health Plan in all Minnesota counties except Cook County.

2014 Dental plan availability by county

The State Dental Plan, administered by Delta Dental, offers total coverage in all counties of Minnesota. The HealthPartners State of Minnesota Dental Plan also offers coverages in all counties of Minnesota. Please check your network providers prior to scheduling appointments, as network providers can change through the plan year.

Section A

2014 Health Plan Rates

2014 Health Plans

Full Employer Contribution

All Union Codes/Bargaining Units

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	525.34	525.34	0	1019.54	866.62	152.92	1544.88	1391.96	152.92
Advantage HealthPartners	525.34	525.34	0	1019.54	866.62	152.92	1544.88	1391.96	152.92
Advantage PreferredOne	525.34	525.34	0	1019.54	866.62	152.92	1544.88	1391.96	152.92

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	262.67	262.67	0	509.77	433.31	76.46	772.44	695.98	76.46
Advantage HealthPartners	262.67	262.67	0	509.77	433.31	76.46	772.44	695.98	76.46
Advantage PreferredOne	262.67	262.67	0	509.77	433.31	76.46	772.44	695.98	76.46

Section A-1

2014 Health Plans

75.00% Employer Contribution

Union Codes: AFS, A14, A65, GEC, IFO, JCR, MMA, MNA, MSU, MTP, SRS, UNR, Z01-Z27

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	525.34	394.02	131.32	1019.54	649.98	369.56	1544.88	1044.00	500.88
Advantage HealthPartners	525.34	394.02	131.32	1019.54	649.98	369.56	1544.88	1044.00	500.88
Advantage PreferredOne	525.34	394.02	131.32	1019.54	649.98	369.56	1544.88	1044.00	500.88

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	262.67	197.01	65.66	509.77	324.99	184.78	772.44	522.00	250.44
Advantage HealthPartners	262.67	197.01	65.66	509.77	324.99	184.78	772.44	522.00	250.44
Advantage PreferredOne	262.67	197.01	65.66	509.77	324.99	184.78	772.44	522.00	250.44

2014 Health Plans

50.00% Employer Contribution

Union Codes: MAP, MSC

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	525.34	262.68	262.66	1019.54	433.32	586.22	1544.88	696.00	848.88
Advantage HealthPartners	525.34	262.68	262.66	1019.54	433.32	586.22	1544.88	696.00	848.88
Advantage PreferredOne	525.34	262.68	262.66	1019.54	433.32	586.22	1544.88	696.00	848.88

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	262.67	131.34	131.33	509.77	216.66	293.11	772.44	348.00	424.44
Advantage HealthPartners	262.67	131.34	131.33	509.77	216.66	293.11	772.44	348.00	424.44
Advantage PreferredOne	262.67	131.34	131.33	509.77	216.66	293.11	772.44	348.00	424.44

2014 Health Plans

0.00% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	525.34	0	525.34	1019.54	0	1019.54	1544.88	0	1544.88
Advantage HealthPartners	525.34	0	525.34	1019.54	0	1019.54	1544.88	0	1544.88
Advantage PreferredOne	525.34	0	525.34	1019.54	0	1019.54	1544.88	0	1544.88

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	262.67	0	262.67	509.77	0	509.77	772.44	0	772.44
Advantage HealthPartners	262.67	0	262.67	509.77	0	509.77	772.44	0	772.44
Advantage PreferredOne	262.67	0	262.67	509.77	0	509.77	772.44	0	772.44

Section B

2014 Dental Plan Rates

2014 Dental Plans

Full Employer Contribution

All Union Codes/Bargaining Units

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan (Delta)	29.66	24.66	5.00	58.04	29.02	29.02	87.70	53.68	34.02
HealthPartners State of MN Dental Plan	30.20	25.20	5.00	59.18	29.02	30.16	89.38	54.22	35.16

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan (Delta)	14.83	12.33	2.50	29.02	14.51	14.51	43.85	26.84	17.01
HealthPartners State of MN Dental Plan	15.10	12.60	2.50	29.59	14.51	15.08	44.69	27.11	17.58

Section B-1

2014 Dental Plans

75.00% Employer Contribution

Union Codes: AFS, A14, A65, GEC, IFO, JCR, MMA, MNA, MSU, MTP, SRS, UNR, Z01-Z27

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan (Delta)	29.66	18.50	11.16	58.04	21.78	36.26	87.70	40.28	47.42
HealthPartners State of MN Dental Plan	30.20	18.90	11.30	59.18	21.78	37.40	89.38	40.68	48.70

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan (Delta)	14.83	9.25	5.58	29.02	10.89	18.13	43.85	20.14	23.71
HealthPartners State of MN Dental Plan	15.10	9.45	5.65	29.59	10.89	18.70	44.69	20.34	24.35

Section B-2

2014 Dental Plans

50.00% Employer Contribution

Union Codes: MAP, MSC

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan (Delta)	29.66	12.34	17.32	58.04	14.52	43.52	87.70	26.86	60.84
HealthPartners State of MN Dental Plan	30.20	12.60	17.60	59.18	14.52	44.66	89.38	27.12	62.26

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan (Delta)	14.83	6.17	8.66	29.02	7.26	21.76	43.85	13.43	30.42
HealthPartners State of MN Dental Plan	15.10	6.30	8.80	29.59	7.26	22.33	44.69	13.56	31.13

Section B-3

2014 Dental Plans

0.00% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan (Delta)	29.66	0	29.66	58.04	0	58.04	87.70	0	87.70
HealthPartners State of MN Dental Plan	30.20	0	30.20	59.18	0	59.18	89.38	0	89.38

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan (Delta)	14.83	0	14.83	29.02	0	29.02	43.85	0	43.85
HealthPartners State of MN Dental Plan	15.10	0	15.10	29.59	0	29.59	44.69	0	44.69

2014 Life Plan Rates

2014 Life Plans

Basic Life Insurance

Monthly Rates

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	9.20	9.20	0.00
Manager's Life – 2.0 X — MLMB	50.14	50.14	0.00
Manager's Life – 1.5 X — MLMA	34.42	34.42	0.00
Manager's Life – 1.5 + .5 X — MLMC	50.14	34.42	15.72

Semi-Monthly Rates

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	4.60	4.60	0.00
Manager's Life – 2.0 X — MLMB	25.07	25.07	0.00
Manager's Life – 1.5 X — MLMA	17.21	17.21	0.00
Manager's Life – 1.5 + 5 X — MLMC	25.07	17.21	7.86

Optional Employee or Spouse Life Insurance

Per \$5,000 in Coverage

Age of Employee or Spouse	MONTHLY	SEMI-MONTHLY
under age 30	0.30	0.15
age 30 - 34	0.40	0.20
age 35 - 39	0.46	0.23
age 40 - 44	0.56	0.28
age 45 - 49	0.96	0.48
age 50 - 54	1.76	0.88
age 55 - 59	2.76	1.38
age 60 - 64	4.50	2.25
age 65 - 69	7.26	3.63
age 70 – 74	11.76	5.88
age 75 – 79	19.00	9.50
age 80 – 84	30.76	15.38
age 85 – 89	61.50	30.75

Child Life Insurance

Coverage Amount	MONTHLY	SEMI-MONTHLY
\$10,000	0.84	0.42

Accidental Death and Dismemberment Insurance

Cost For \$5,000 in Coverage

MONTHLY	SEMI-MONTHLY
0.16	0.08

2014 Disability Plan Rates

2014 Disability Plans

Short-Term Disability Insurance

monthly benefit	semi monthly	monthly
300	2.34	4.68
400	3.12	6.24
500	3.90	7.80
600	4.68	9.36
700	5.46	10.92
800	6.24	12.48
900	7.02	14.04
1000	7.80	15.60
1100	8.58	17.16
1200	9.36	18.72
1300	10.14	20.28
1400	10.92	21.84
1500	11.70	23.40
1600	12.48	24.96
1700	13.26	26.52
1800	14.04	28.08
1900	14.82	29.64
2000	15.60	31.20
2100	16.38	32.76
2200	17.16	34.32
2300	17.94	35.88
2400	18.72	37.44
2500	19.50	39.00
2600	20.28	40.56
2700	21.06	42.12
2800	21.84	43.68
2900	22.62	45.24
3000	23.40	46.80
3100	24.18	48.36
3200	24.96	49.92
3300	25.74	51.48
3400	26.52	53.04
3500	27.30	54.60
3600	28.08	56.16
3700	28.86	57.72
3800	29.64	59.28
3900	30.42	60.84
4000	31.20	62.40
4100	31.98	63.96
4200	32.76	65.52
4300	33.54	67.08
4400	34.32	68.64
4500	35.10	70.20
4600	35.88	71.76
4700	36.66	73.32
4800	37.44	74.88
4900	38.22	76.44
5000	39.00	78.00

*You may enroll in short-term disability in amounts up to 2/3 of your gross monthly salary.

2014 Disability Plans

Long-term disability insurance

gross annual	salary	max monthly benefit from all sources	max monthly benefit payable	monthly cost	semi monthly cost
6,001	6,500	300	300	2.04	1.02
6,501	7,000	350	350	2.38	1.19
7,001	8,000	400	400	2.72	1.36
8,001	9,000	450	450	3.06	1.53
9,001	10,000	500	500	3.40	1.70
10,001	11,000	550	550	3.74	1.87
11,001	12,000	600	600	4.08	2.04
12,001	12,500	650	650	4.42	2.21
12,501	13,000	700	700	4.76	2.38
13,001	14,000	750	750	5.10	2.55
14,001	15,000	800	800	5.44	2.72
15,001	16,000	850	850	5.78	2.89
16,001	18,000	900	900	6.12	3.06
18,001	19,000	950	950	6.46	3.23
19,001	20,000	1,000	1,000	6.80	3.40
20,001	22,000	1,100	1,100	7.48	3.74
22,001	24,000	1,200	1,200	8.16	4.08
24,001	26,000	1,300	1,300	8.84	4.42
26,001	28,000	1,400	1,400	9.52	4.76
28,001	30,000	1,500	1,500	10.20	5.10
30,001	32,000	1,600	1,600	10.88	5.44
32,001	34,000	1,700	1,700	11.56	5.78
34,001	36,000	1,800	1,800	12.24	6.12
36,001	38,000	1,900	1,900	12.92	6.46
38,001	40,000	2,000	2,000	13.60	6.80
40,001	42,000	2,100	2,100	14.28	7.14
42,001	44,000	2,200	2,200	14.96	7.48
44,001	46,000	2,300	2,300	15.64	7.82
46,001	48,000	2,400	2,400	16.32	8.16
48,001	50,000	2,500	2,500	17.00	8.50
50,001	52,000	2,600	2,600	17.68	8.84
52,001	54,000	2,700	2,700	18.36	9.18
54,001	56,000	2,800	2,800	19.04	9.52
56,001	58,000	2,900	2,900	19.72	9.86
58,001	60,000	3,000	3,000	20.40	10.20
60,001	61,000	3,100	3,100	21.08	10.54
61,001	62,000	3,200	3,200	21.76	10.88
62,001	63,000	3,300	3,300	22.44	11.22
63,001	64,000	3,400	3,400	23.12	11.56
64,001	65,000	3,500	3,500	23.80	11.90
65,001	67,000	3,600	3,600	24.48	12.24

67,001	69,000	3,700	3,700	25.16	12.58
69,001	71,500	3,800	3,800	25.84	12.92
71,501	73,000	3,900	3,900	26.52	13.26
73,001	75,000	4,000	4,000	27.20	13.60
75,001	77,000	4,100	4,100	27.88	13.94
77,001	79,000	4,200	4,200	28.56	14.28
79,001	81,000	4,300	4,300	29.24	14.62
81,001	83,000	4,400	4,400	29.92	14.96
83,001	85,000	4,500	4,500	30.60	15.30
85,001	87,000	4,600	4,600	31.28	15.64
87,001	89,000	4,700	4,700	31.96	15.98
89,001	91,000	4,800	4,800	32.64	16.32
91,001	93,000	4,900	4,900	33.32	16.66
93,001	96,000	5,000	5,000	34.00	17.00
96,001	98,000	5,100	5,100	34.68	17.34
98,001	100,000	5,200	5,200	35.36	17.68
100,001	102,000	5,300	5,300	36.04	18.02
102,001	104,000	5,400	5,400	36.72	18.36
104,001	106,000	5,500	5,500	37.40	18.70
106,000	108,000	5,600	5,600	38.08	19.04
108,001	110,000	5,700	5,700	38.76	19.38
110,001	112,000	5,800	5,800	39.44	19.72
112,001	114,000	5,900	5,900	40.12	20.06
114,001	116,000	6,000	6,000	40.80	20.40
116,001	118,000	6,100	6,100	41.48	20.74
118,001	120,000	6,200	6,200	42.16	21.08
120,001	122,000	6,300	6,300	42.84	21.42
122,001	124,000	6,400	6,400	43.52	21.76
124,001	126,000	6,500	6,500	44.20	22.10
126,001	128,000	6,600	6,600	44.88	22.44
128,001	130,000	6,700	6,700	45.56	22.78
130,001	132,000	6,800	6,800	46.24	23.12
132,001	133,500	6,900	6,900	46.92	23.46
133,501	135,500	7,000	7,000	47.60	23.80

*The maximum benefit from all sources is the most you can expect to receive from all sources of disability income, including but not limited to, state disability retirement, workers' compensation, Social Security and any other income you may receive.

2014 Disability Plans

Manager's Long-Term Disability Insurance

Monthly – Per \$100 Monthly Salary

		Total	State	Employee
Plan A	150 Day	.22	.22	.00
Plan A	120 Day	.24	.22	.02
Plan A	90 Day	.26	.22	.04
Plan A	60 Day	.29	.22	.07
Plan A	30 Day	.32	.22	.10
Plan B	150 Day	.22	.00	.22
Plan B	120 Day	.24	.00	.24
Plan B	90 Day	.26	.00	.26
Plan B	60 Day	.29	.00	.29
Plan B	30 Day	.32	.00	.32

Plan A = 1 ½ x salary for life insurance

Plan B = 2x salary for life insurance